

MQAC CASE MANAGEMENT TEAM ASSESSMENT

Wednesday CMT – Telephonic Assessment

Respondent: Naibert, David K.

Case Number: 2011-155360

Date: <u>5-11-11</u>	Staff Attorney: <u>McLaughlin</u>	Clerk: <u>Newman</u>
Panel Chair:	Cullen, Andison, Brantner, Burger, Clower, Concannon, Elders, Green, Johnson, <u>Rattison</u> , <u>Tobin</u> , Dore, Gotthold, Harter, Harvey, Hensley, Hopkins, Page, Robins, Ruiz, Sen	
Staff Present: ED, ISU, PM, Staff Atty, Disc Mgr, Other	Jansen, <u>Dr. Hays</u> , <u>Smith</u> , <u>Newman</u> , Kramer, <u>Creighton</u> , Farrell, Berg, Caille, <u>McLaughlin</u> , Landreau, Mager	

A. FILE CLOSED PRIOR INVESTIGATION (BEFORE)

<input type="checkbox"/> BT1 - Advertising that is a technical violation	<input type="checkbox"/> BT7 - Insufficient information	<input type="checkbox"/> BT12 - Profession-Specific Threshold Explain: _____ a) Violating confidentiality b) Inappropriate delegation to unlicensed person that does not involve invasive procedures or piercing of skin (e.g., RN instructs NA to apply skin cream) c) Failure to supervise resulting in no harm or minor harm to a patient d) Isolated incidents which suggest little or no patient harm, not likely to reoccur
<input type="checkbox"/> BT2 - Aged or outdated complaints	<input type="checkbox"/> BT8 - Issues which have been otherwise resolved. Explain resolution: _____ (Detail corrective action: practitioner is already revoked; ongoing monitoring, etc.)	<input type="checkbox"/> BT13 - Referral to another program or agency
<input type="checkbox"/> BT3 - Billing and fee disputes except as designated by disciplining authority	<input type="checkbox"/> BT9 - Lack of complaint credibility	<input type="checkbox"/> BT14 - Risk minimal, not likely to reoccur
<input type="checkbox"/> BT4 - Communication and personality issues	<input type="checkbox"/> BT10 - No Jurisdiction	<input type="checkbox"/> BT15 - Time practice on an expired credential for a period of time accepted by the disciplining authority
<input type="checkbox"/> BT5 - Complainant withdrew	<input type="checkbox"/> BT11 - No violation at the time the event occurred	<input type="checkbox"/> BT16 - Unidentified complainant, client or patient name and no allegations of significant harm or potential harm
<input type="checkbox"/> BT6 - If allegations are true, no violation of law occurred	Further explanation (if any): _____	

B. SCOPE OF INVESTIGATION AUTHORIZED: ☐ Entire complaint ☐ Limit investigation ☐ Focus investigation

Notes: _____

C. PRIORITY ☐ A (risk of immediate danger) ☐ B (serious risk) ☐ C (moderate risk) ☐ D (minor risk) ☐ E (technical violations)

D. SEXUAL MISCONDUCT CASES: Refer complaints of sexual misconduct to the Secretary when the case does not involve clinical expertise or standard of care issues. (If the panel cannot tell if clinical issues exist, the panel may request the investigator contact the complainant or key witness)

☐ Panel finds there are clinical issues, do not refer ☐ No clinical issues, refer case to Secretary ☐ Contact complainant or witness for more info

E. CLOSED AFTER INVESTIGATION

<input type="checkbox"/> Application investigation only - Panel decides to grant without conditions	
<input type="checkbox"/> A1-Care rendered was within standard of care	<input type="checkbox"/> A7-Mistaken identity
<input type="checkbox"/> A2-Complainant withdrew-	<input type="checkbox"/> A8-No Jurisdiction
<input type="checkbox"/> A3- Unique closure (panel must explain)	<input checked="" type="checkbox"/> A11-No Whistleblower
<input type="checkbox"/> A5- Evidence does not support a violation	<input type="checkbox"/> A12-Risk minimal, not likely to reoccur
Further Explanation: _____	

GUIDE FOR CLOSURE CODES

June 2010

Code	Closure	Description
	Application	Decision to grant an unrestricted license.
A-1	Care rendered was within standard of care	The evidence establishes that the respondent met or exceeded the standard of care.
A-2	Complainant withdrew complaint	The complainant withdrew the complaint, and the complainant's testimony is necessary to meet the burden of proof.
A-3	Unique closure (Panel must explain)	Any concerns regarding Respondent have been resolved through connective action, license revocation, suspension, or other means. <ul style="list-style-type: none"> Respondent died. Other circumstances (explain): _____
A-5	Evidence does not support a violation	<ul style="list-style-type: none"> Cannot establish by clear, cogent, and convincing evidence that Respondent violated any UDA provision. Includes situations where the investigator was unable to obtain all material evidence. Despite the evidence, the alleged misconduct does not constitute a UDA violation.
A-7	Mistaken Identity	Case opened under the wrong respondent's name.
A-8	No Jurisdiction	Respondent is not licensed in Washington, has never been licensed in Washington, and is not applying for a license in Washington.
A-11	No Whistleblower Release	Complainant would not sign a whistleblower release AND the complainant's identity is necessary to prove a UDA violation.
A-12	Risk Minimal- Not likely to Reoccur	There is sufficient evidence that Respondent violated the UDA, but the evidence indicates that (a) the violation is not likely to reoccur and (b) closure poses no more than a minimal risk to the public.

zdan guideloclosecode revised pjh0521-2010

Case View Screen [update]

Case	2011-155360 (PUBLIC)	Date Created	04/06/2011	Audit Entry Items Documents Notes Master Cases Participants Add Master Case Timeline History
Status	CLOSED	Date Received	04/06/2011	
Respondent ID	428389	How Received	Email	
Respondent	DAVID KEITH NAIBERT	Receiving Board	COMMISSION	
Credential	MD.MD.00026754	Receiving Profession	Physician And Surgeon License	
		Receiving Department	Case Intake	
Complainant ID	987497	Received By	Cynthia R Hamilton	
Complainant	3 - Identity - Whistl...	Alleged Issues		
		Filing False Reports or Falsifying Records		
		Patient Care		
		Case Nature		
		Standard of Care/Services		

Comments:

- Priority History
- Other Participants
- Resolution
- HIPDB Reports
- TimeTracker
- Action Items

Priority History [add]

Date	Priority	Priority Reason	Decision Maker	Decision Date	Comment	COR	User
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Other Participants [add]

No additional participants found

Resolution [update]

Department: Case Management

Worker: Angela M Bucci

Date Closed: 05/11/2011

Found Issues

None

Resolution

No Whistleblower

Resolution Notes:**Current HIPDB Reports**

Type	Submission Date	Status	DCN	Case ID
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No HIPDB Reports found for this credential.

Time Tracker**Charge Back Totals**

Department	Hours	Amount
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Cost Recovery Totals

Department	Hours	Amount
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Cost Recovery Invoicing

Respondent	InvoiceDate	User
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Action Items [add] [add group]

Type	Assigned To	Activity	Track Time	Due	Effective	Completed	Order Signed	Created ▼	User
Change	Case Management, Bucci, Angela M				05/11/2011	05/11/2011		05/11/2011	Bucci, Angela M
Status to Closed									
Target: DAVID KEITH NAIBERT, MD.MD.00026754									
Case Status: Status Changed To: CLOSED									
Action Info: Resolution Recorded? Yes									
Comments: Closed A-11									
Present for	Case Management, Bucci, Angela M				05/11/2011	05/11/2011		05/11/2011	Bucci, Angela M
Assessment									
Target: DAVID KEITH NAIBERT, MD.MD.00026754									
Action Info: Decision Date 05/11/2011									
CMT Decision Maker 1 Harder Ellen									
CMT Decision Maker 2 Pattison Mimi									
CMT Decision Maker 3 Tobin Judy									
CMT Decision Maker 4 Hensley Frank									
CMT Decision Maker 5 McLaughlin Jim									
CMT Decision Maker 6 Heye George									
CMT Decision Maker 7 Smith Jim									
CMT Decision Maker 8 Creighton Vicki									
CMT Decision Maker 9 Newman Dani									
Comments: Closed A-11									
Forward for	Case Management, Bucci, Angela M		[add]		04/27/2011	04/27/2011		04/27/2011	Creighton, Vicki I


Case Manager
Review Invest
Complete

Target: DAVID KEITH NAIBERT, MD.MD.00026754

Case Status: Status Changed To: Case Disposition

 Investigative Investigation Supervisor, Smith, James H [add] 04/27/2011 04/27/2011 04/27/2011 Creighton, Vicki I
Forward for
Closure of
Investigation


Target: DAVID KEITH NAIBERT, MD.MD.00026754

 File Investigation, Creighton, Vicki I 04/15/2011 04/27/2011 04/15/2011 Creighton, Vicki I
Location

Target: DAVID KEITH NAIBERT, MD.MD.00026754


Comments: AWAITING WBW - DUE 5/2/2011

04/27/2011 WBW received with Denial portion signed. Forwarded for closure.

 Investigative Investigation, Creighton, Vicki I [add] 04/15/2011 04/15/2011 04/15/2011 Creighton, Vicki I
Correspondence
- General


Target: DAVID KEITH NAIBERT, MD.MD.00026754

Comments: 04-15-2011 NOTIFICATION, ACKNOWLEDGEMENT & WHISTLEBLOWER LETTERS MAILED.

 Forward for Investigation Supervisor, Smith, James H 04/13/2011 04/13/2011 04/14/2011 Creighton, Vicki I
Investigation

Target: DAVID KEITH NAIBERT, MD.MD.00026754

Case Status: Status Changed To: Investigation

 Present for Case Management, Hamilton, Cynthia R 04/06/2011 04/13/2011 04/14/2011 Creighton, Vicki I
Assessment

Target: DAVID KEITH NAIBERT, MD.MD.00026754

Case Status: Status Changed To: Assessment

Action Info: Decision Date 04/13/2011

CMT Decision Maker 1 Burger Leslie

CMT Decision Maker 2 Harder Ellen

CMT Decision Maker 3 Concannon Mike

CMT Decision Maker 4 Ruiz Linda

CMT Decision Maker 5 Landreau Teresa


CMT Decision Maker 6 Heye George

CMT Decision Maker 7 Smith Jim

CMT Decision Maker 8 Newman Dani

CMT Decision Maker 9 Caille Karen

CMT Decision Maker 10 Creighton Vicki

 Intake Case Intake, Hamilton, Cynthia R 04/06/2011 04/06/2011 04/06/2011 Hamilton, Cynthia R

Target: DAVID KEITH NAIBERT

Warning: Warning Type: CASE PENDING

Warning Effective Date: 04/06/2011

Suppress License Print: NO

Case Status: Status Changed To: Intake

Action Info: Complaint Source Patient/Client/Resident

Possible Imminent No

Danger? No

Single Complaint

Process Coordination No

Needed?

POST INVESTIGATION REVIEW
Case Number: 2011-155360

***Date: 4-29-2011**

Date: April 6, 2011

Presented by: **George Heye, MD**

Respondent:	NAIBERT, DAVID KEITH, MD	King County
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Complainant:	Mr. <small>3 - Identity - Whistlebl...</small>
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CASE SUMMARY

The Respondent:

Board Certified:	NO. Self designation: FAMILY MEDICINE
DOB:	10-22-1959
Licensed since:	09-05-1989
Expiration date:	10-22-2012
Medical School:	1987—U of WA; Seattle, WA
Residency:	07/1987-06/1988—Virginia Mason Med Ctr; WA— FLEXIBLE OR TRANSITIONAL 07/1988-08/1989—Virginia Mason Med Ctr; WA— ANESTHESIOLOGY

The Complainant: A patient

Malpractice Settlement: N/A.

The Complaint: The complainant writes that the respondent reported to another of his providers (an ARNP) that the complainant had had three positive urinalysis screenings for marijuana. The complainant says he has been under the care of the respondent for chronic pain for the past year and he had no knowledge of positive urine tests. He went to the respondent's office and obtained a copy of his medical records. He found a total of three urinalysis reports all showing negative for marijuana. The complainant contacted respondent's office nurse and she agreed to fax copies of the reports to the ARNP. The complainant says he works in the field of Corrections and mistakes such as this can jeopardize one's career.

***Post Investigation Review: 4-29-2011**

The complainant returned the WBW with the "Denial" portion signed.

Rec: Close A-11, no WBW.

gh

Prior Cases:

90-04-0190MD -- *Closed NCFA.*

07-08-0070MD – The complainant saw the respondent hoping that he would take over management of her chronic pain from fibromyalgia and osteoarthritis. The patient was also on medications for anxiety and narcolepsy. At the time of her first visit she was on the following

medications: Endocet (Percocet), methadone, carisoprodol (Soma), clonazepam (Klonopin), nabumetone (Relafen[NSAID]) and Provigil (modafinil). The respondent did an evaluation and reportedly spent a lot of time explaining why he did not like clonazepam. The respondent required a UA for drugs. At the second visit the respondent accused the patient or her husband of selling her medication because her urine did not show the presence of hydrocodone. The patient said she took all the medications herself and that she was on percocet, not hydrocodone. A repeat UA was ordered. At the third and last visit the respondent said that the second urine test did not show high enough levels of methadone to account for her taking 40 mgs a day. The respondent then refused to see or treat her any further. The patient returned to her PCP and is now searching for another pain doctor.

Closed Below Threshold (not investigated).

2009-141093 The complainant says he was incorrectly billed for a urine drug screen that was ordered by the respondent who was treating him for chronic pain. The patient was unable to produce a urine specimen during the visit but the billing went forward anyway. The insurance company agreed to remove the charge but the respondent's billing service has not yet straightened out the bill. The respondent did dismiss the patient from his practice for not providing a urine sample but the patient was fine with that.

Closed Below Threshold (not investigated).

2010-147523 – Respondents are reportedly using a non CLIA waived device (Noble 12) for their point of care drug testing and are billing insurances for the testing. The Noble 12 screen includes buprenorphine. Allegedly the respondents do not follow the manufacturer's instructions to confirm all positive screening tests.

Closed NCFA.

2010-150538 – The respondent discharged a pain patient from his practice after a urine done several months earlier was positive for a non prescribed substance. Respondent referred the patient to rehab facilities. The complainant feels that respondent's action amounted to abandonment of the patient.

Currently in Case Disposition. Investigator: Gruchalla; Staff Atty: Landreau; RCM: Clower.

Recommendation:

MEDICAL QUALITY ASSURANCE COMMISSION MEDICAL INVESTIGATIONS

April 27, 2011

TO: Jim Smith
FROM: Vicki Creighton
RE: David K. Naibert, MD
2011-155360MD

On April 13, 2011, this case was approved to investigate.

The complainant writes that the respondent reported to another of his providers (an ARNP) that the complainant had had three positive urinalysis screenings for marijuana. The complainant says he has been under the care of the respondent for chronic pain for the past year and he had no knowledge of positive urine tests. He went to the respondent's office and obtained a copy of his medical records. He found a total of three urinalysis reports all showing negative for marijuana. The complainant contacted respondent's office nurse and she agreed to fax copies of the reports to the ARNP. The complainant says he works in the field of Corrections and mistakes such as this can jeopardize one's career.

On April 15, 2011, the acknowledgement & whistleblower waiver letters were mailed.

On April 27, 2011, the waiver was returned and signed under the "Denial" portion.

This case is forwarded for closure.

4-22-11
JWS

MQAC ASSIGNMENT MEMO

Case #: 2011-155360

Respondent: Naibert, David K.

Date Received: 4-13-11 Date Assigned: 4-13-11

Investigator: TIM SLAVIN

Priority: A B C X D Code: 04

- X Respondent Notification Letter
- X Complainant Acknowledgement Letter
- X Whistleblower Letter & Waiver
- Malpractice Letter

Abandonment	Health & Safety Violations	Neglect	Possible Summary Action	Sexual Misconduct
Abduction	High visibility	No Patient Harm	Practice Beyond Scope	Single Complaint Process
Abuse	Imminent Harm	Non-Compliance	Prohibition in another state	Standard of Care
Action w/other state/jurisdiction	Inappropriate Communication	Other <u>X</u>	Sanitation	Substance Abuse
Credential Application	Inspection Issues	Patient Abuse	Serious Injury	Testing Issues
EMTALA	Jurisdictional Questions	Patient Death	Serious Physical Harm	Transfusion Fatality
Exposure to physical/fire hazards	Mandatory Suspension	Physical Plant	Sexual Contact	Unlicensed Practice

Comments: Focused - What occurred here?

report run 10/15/10

MQAC REVIEW
Case Number: 2011-155360

Date: April 6, 2011
Presented by: George Heye, MD

Respondent:	NAIBERT, DAVID KEITH, MD	King County
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Complainant:	Mr. 3 - Identity - Whistle...
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CASE SUMMARY

The Respondent:

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RCM Review

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hydrocodone. A repeat UA was ordered. At the third and last visit the respondent said that the second urine test did not show high enough levels of methadone to account for her taking 40 mgs a day. The respondent then refused to see or treat her any further. The patient returned to her PCP and is now searching for another pain doctor.

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Closed NCFA.

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Currently in Case Disposition. Investigator: Gruchalla; Staff Atty: Landreau; RCM: Clower.

Recommendation:

MEDICAL QUALITY ASSURANCE COMMISSION

CMT

Review of Cases

CMT DATE/
Panel Members/
Decision:

MQAC CMT - APRIL 13, 2011

Les Burger, MD, Chair

Ellen Harder, PA-C

Mike Concannon, JD, Public Member

Linda Ruiz, JD, Public Member

DECISION: *Investigation authorized*

Case No.: 2011-155360

The attached pages were reviewed:

401-405

MQAC REVIEW
Case Number: 2011-155360

Date: April 6, 2011

Presented by: George Heye, MD

Respondent:	NAIBERT, DAVID KEITH, MD	King County
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Complainant:	Mr. <small>3 - Identity - Whistlebl...</small>
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hydrocodone. A repeat UA was ordered. At the third and last visit the respondent said that the second urine test did not show high enough levels of methadone to account for her taking 40 mgs a day. The respondent then refused to see or treat her any further. The patient returned to her PCP and is now searching for another pain doctor.

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Currently in Case Disposition. Investigator: Gruchalla; Staff Atty: Landreau; RCM: Clower.

Recommendation:

Hamilton, Cindy (DOH)

From: DOH HSQA Complaint Intake
Sent: Wednesday, April 06, 2011 11:45 AM
To: Hamilton, Cindy (DOH)
Subject: FW: Patient Complaint
Attachments: DOH Complaint Page 2 of 2.bmp; DOH Complaint Page 1 of 2.bmp

MD Complaint

Brandy Boczar Complaint Intake Specialist
Department of Health
Health Professions Quality Assurance
Customer Service Complaint Intake Unit
Phone: (360) 236-4716

www.doh.wa.gov/hsqa

"Working to Protect and Improve the Health of People in Washington State"

From: 3 - Identity - Whistleblower regarding health care provider - RC...
Sent: Wednesday, April 06, 2011 1:03 AM
To: DOH HSQA Complaint Intake
Subject: Patient Complaint

Thank you for receiving this complaint.

I have had problems with my computer lately. I hope this attachment is acceptable.

Respectfully,

3 - Identity - Whistleblower r...



Washington State Department of

Health

Health Systems Quality Assurance

Complaint Intake

P.O. Box 47857

Olympia WA 98504-7857

Complaint Form

Today's Date: 04/05/2010

1. Your Information

Name: 3 - Identity - Whistl...

Address: 3 - Identity - Whistleblo...

City: 3 - Identity - ...

State: 3 - ...

Zip: 3 - Ide...

Phone: Work (3 - Identity - Whistle...)

Home (3 - Identity - Whistleb...)

2. Information about the Facility or Health Care Professional

Type of facility or profession: Chronic Pain Management

Name of facility or professional: David Naibert

Address: 21701-76th Ave W.

City: Edmonds

State: WA

Zip: 98026

3. Resident/Guest/Patient Information

Full Name (if different than above) Same as Above

Date of Birth (of patient; if complaint involves a patient) 01/29/1960

Date of incident: 04/04/2011

4. Please describe your complaint in the space below. Include the name, title and phone number of other patients, witnesses or staff members involved in the incident. Email completed form to the Customer Service Center at HSQAComplaintIntake@doh.wa.gov, or fax to 360.236.2626, or mail to:

Washington State Department of Health
Health Systems Quality Assurance
Complaint Intake
P.O. Box 47857
Olympia WA 98504-7857

Please attach any supporting documentation and additional sheets if necessary.

On 04/04/2011 at approx. 7:00 PM, I went to the Everett Clinic Urgent Care for prolonged pain following a recent auto accident that I was involved in on 03/03/2011. I was quickly informed that they would not prescribe any pain medication due to recent notes in my chart from my Primary Care Provider, Marie Frederick, ARNP. The notes indicated that I had recently had positive Urinalysis screenings for Marijuana, and that she would be unwilling to fill a request for pain medication that was requested previously on 04/01/2011. As a Law Enforcement professional, I was shocked to hear this, and was not given any more information. The pain I was enduring as I await possible shoulder surgery, now paled in comparison to this insult to my integrity, and possible risk to my career.

The next morning, 04/05/2011, I telephoned my PCP and was transferred to Marie Frederick's nurse. She informed me that Ms. Frederick was off that day, but that she was herself familiar with the situation. She told me that the notes resulted from a recent phone call that Dr. David Naibert (who has treated me for chronic pain issues since 01/27/2010) had placed to my Doctor, in which he called to report that I have had a total of three positive Urinalysis screenings for Marijuana.

That afternoon, I drove to Dr. Naibert's office and purchased complete copies of my records. After careful review, I found a total of three Urinalysis reports. All three showed negative results for Marijuana. I immediately called back to my PCP Dr.'s office and spoke again to the Nurse, who suggested that copies of the Urinalysis reports be faxed back to her, from Dr. Naibert's office. Thankfully, Dr. Naibert's assistant was willing to do this as I waited.

It is unfortunate when mistakes like this are made. Character assessments and reputations can be placed under suspicion. Careers, such as mine in the field of Corrections, can be jeopardized. I consider myself fortunate that I caught this mistake the way I did. I am submitting this complaint not only for the great amount of stress this has placed upon my family and I, but also in hopes of reducing potential costly mistakes like this from happening to others.

Please feel free to contact me with any questions.

Respectfully,

3 - Identity - Whistl...

For Department of Health use only

Reviewed for multiple authority applications:	Date _____	Name _____	
Routed to: Multi-authority coordinator:	_____	date _____	
Office _____		date _____	
Office _____		date _____	
Office _____		date _____	

Case View Screen [update]

Case Status	2011-155360 (PUBLIC) Intake	Date Created	04/06/2011	Audit Entry Items Documents Notes Master Cases Participants Add Master Case Timeline History
Respondent ID	428389	Date Received	04/06/2011	
Respondent	DAVID KEITH NAIBERT	How Received	Email	
Credential	MD.MD.00026754	Receiving Board	COMMISSION	
		Receiving Profession	Physician And Surgeon License	
Complainant ID	987497	Receiving Department	Case Intake	
Complainant	3 - Identity - Whistl...	Received ByC	ynthia R Hamilton	
		Alleged Issues		
		Filing False Reports or Falsifying Records		
		Patient Care		
		Case Nature		
		Standard of Care/Services		

Comments:

- [Priority History](#)
- [Other Participants](#)
- [Resolution](#)
- [HIPDB Reports](#)
- [Action Items](#)

Priority History [add]

Date	Priority	Priority Reason	Decision Maker	Decision Date	Comment	COR	User
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Other Participants [add]

No additional participants found

Resolution [update]

Department:	Case Intake	Found Issues
Worker:	Cynthia R Hamilton	none
Date Closed:		Resolution
		none

Resolution Notes:**Current HIPDB Reports**

Type	Submission Date	Status	DCN	Case ID
------	-----------------	--------	-----	---------

No HIPDB Reports found for this credential.

Action Items [add] [add group]

Type	Assigned To	Activity	Due	Effective	Completed	Order Signed	Created ▼	User
Intake	Case Intake, Hamilton, Cynthia R			04/06/2011	04/06/2011		04/06/2011	Hamilton, Cynthia R
Target: DAVID KEITH NAIBERT								
Warning: Warning Type: CASE PENDING								
Warning Effective Date: 04/06/2011								
Suppress License Print: NO								
Case Status: Status Changed To: Intake								
Action Info: Complaint Source Patient/Client/Resident								
Possible Imminent No								
Danger?								
Single Complaint								
Process Coordination No								
Needed?								



AMA Physician Profile

**

Name and Mailing Address:

DAVID KEITH NAIBERT JR MD
1201 N 32ND ST
RENTON WA 98056-2126

Primary Office Address:

SAME AS MAILING ADDRESS

Phone: UNKNOWN

Birthdate: 10/22/1959

Birthplace: CEDAR RAPIDS, IA UNITED STATES OF AMERICA

Physician's Major Professional Activity: INACTIVE

Practice Specialties Self Designated by the Physician*:

Primary Specialty: FAMILY MEDICINE

Secondary Specialty: UNSPECIFIED

*Self-Designated Practice Specialties/Areas of Practice (SDPS) listed on the AMA Physician Profile do not imply "recognition" or "endorsement" of any field of medical practice by the Association, nor does it imply, certification by a Member Medical Specialty Board of the American Board of Medical Specialties, or that the physician has been trained or has special competence to practice the SDPS.

AMA membership: NON MEMBER

———— All Information from this Point Forward is Provided by the Primary Source ————

Current and/or Historical Medical School:

UNIV OF WA SCH OF MED, SEATTLE WA 98195

Degree Awarded: Yes

Degree Year: 1987



AMA Physician Profile

Current and/or Historical Post Graduate Medical Training Programs Accredited by the Accreditation Council for Graduate Medical Education (ACGME):

Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with projected date of completion. If the training program indicates that training for a physician in a particular specialty was not completed at their institution, the training segment will be identified as "INCOMPLETE TRAINING".

Institution: VIRGINIA MASON MED CTR
Specialty : FLEXIBLE OR TRANSITIONAL

State: WASHINGTON
 07/1987 - 06/1988
 (VERIFIED)

Institution: VIRGINIA MASON MED CTR
Specialty : ANESTHESIOLOGY

State: WASHINGTON
 07/1988 - 08/1989
 (VERIFIED)

Note: If you have discrepant information, please submit a Request for Investigation to the AMA so that we may verify the information with the primary source(s). See the last page of this Profile for instructions on how to report a data discrepancy.

NATIONAL BOARD OF MEDICAL EXAMINERS (NBME) CERTIFICATION YEAR: MD: 1988

Current and/or Historical Medical Licensure:

<u>Jurisdiction</u>	<u>MD/ DO</u>	<u>Date Granted</u>	<u>Expiration Date</u>	<u>Status</u>	<u>License Type</u>	<u>Last Reported</u>
MONTANA	MD*	08/09/1991	03/31/1997	INACTIVE	UNLIMITED	12/14/2004
* Please contact the state board. More information may be available.						
WASHINGTON	MD	09/05/1989	10/22/2012	ACTIVE	UNLIMITED	03/04/2011

Note: When the specific month and day are unknown, the date will display the default value of "01." Not all licensing boards maintain or provide full date values. Please contact the appropriate licensing board directly for this information.

Current and/or Historical NPI Information:

<u>NPI Number</u>	<u>Enumeration Date</u>	<u>Deactivation Date</u>	<u>Reactivation Date</u>	<u>Replacement Number</u>	<u>Last Reported Date</u>
1437169356	08/09/2006	NOT RPTD	NOT RPTD	NOT RPTD	03/23/2011



AMA Physician Profile

ECFMG Certification:

Applicant Number:

Note: The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service in writing at P.O. Box 13679, Philadelphia, PA 19101.

Federal Drug Enforcement Administration:

** Only the last three characters of active DEA number(s) are displayed.*

<u>DEA Number *</u>	<u>Schedule</u>	<u>Expiration Date</u>	<u>Last Reported</u>
XXXXXX765	22N 33N 4 5	10/31/2011	03/07/2011

Address: 1 - DOH Licensee Health Professional home address and/or phone - RCW 42.5...

Note: Many states require their own controlled substances registration/license. Please check with your state licensing authority for requirement information as the AMA does not maintain this information.

Specialty Board Certification(s)*:

Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by accrediting bodies such as the Joint Commission and National Committee for Quality Assurance (NCQA).

Certifying Board: TO DATE, THERE HAVE BEEN NO BOARD CERTIFICATIONS REPORTED.

Certificate:

Certificate Type:

<u>Duration</u>	<u>Effective</u>	<u>Expiration</u>	<u>Reverification Occurrence</u>	<u>Last Reported</u>
-----------------	------------------	-------------------	----------------------------------	----------------------

Note: For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information. (**) Indicates an expired certificate.

*This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties. Copyright 2011 American Board of Medical Specialties. All right reserved.



AMA Physician Profile

Medicare/Medicaid Sanction(s):

TO DATE, THERE HAVE BEEN NO SUCH SANCTIONS REPORTED TO THE AMA BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

Other Federal Sanction(s):

TO DATE, THERE HAVE BEEN NO FEDERAL SANCTIONS REPORTED TO THE AMA BY ANY BRANCH OF THE US MILITARY, THE VETERAN'S ADMINISTRATION OR THE US PUBLIC HEALTH SERVICE.

Additional Information:

TO DATE, THERE IS NO ADDITIONAL INFORMATION FOR THIS PHYSICIAN ON FILE.

The content of the AMA Physician Profile is intended to assist with credentialing. Appropriate use of the AMA Physician Masterfile data contained on this Profile by an organization would meet the primary source verification requirements of the Joint Commission and the American Accreditation HealthCare Commission/URAC. The Physician Masterfile meets the National Committee for Quality Assurance (NCQA) standards for verification of medical education, post graduate medical training, board certification, DEA status, and Medicare/Medicaid sanctions.

If you note any discrepancies, please log onto our web site (<http://www.ama-assn.org/go/amaprofiles>) and go to the order detail page, select the D following the physician's name and enter the data in question. Or you can mark the issues on a copy of the profile and mail or fax to:

Division of Database Products and Licensing
Attn: Credentialing Products
515 N. State Street
Chicago, IL 60654
800-665-2882
312 464-5900 (fax)

If you have questions or need additional information, please call the AMA Profile Service customer support line at 800-665-2882.

Credential View Screen

DAVID KEITH NAIBERT

Address:

☒ Public ☐ Mail ☐ Renewal Mail

[change public address]
DAVID KEITH NAIBERT

1 - DOH Licensee Health...

ID 428389
Warnings CASE PENDING
SSN/FEIN 2 - DOH Licensee...
Contact Standing Living
Contact Type INDIVIDUAL
Birth Date 10/22/1959
Public File YES
Mailing List
Legacy Licensure Name NAIBERT, DAVID KEITH

Contact
Audit
Public Cases
Cont. Edu
Documents
Owned By/Key Mgmt
Exams
Experience
Notes
Schools
Supervises
SupervisedBy
Legacy
Librarian
Application
Other State License

2010-150538

CD
Suchalla
Anderson
Clower

Comments: AC100705JDH

Physician And Surgeon License [form letter]

Credential # MD.MD.00026754
Legacy License # MD00026754
Application Date
Effective Date 10/14/2010
Expiration Date 10/22/2012
First Issuance Date 09/05/1989
Last Date Of Contact
CE Due Date 10/22/2012

Credential Status ACTIVE (10/15/2010)
Status Reason ACTIVE
Amount Due \$0.00
Date Last Activity 11/3/2010 3:10:19 PM
Last Updated by Creighton, Vicki I
Certificate Sent Date 10/15/2010
Work Queue LEGACYDATA, DOH

Audit
Documents
Workflow
Key Mgmt
Fees
Notes
Print Docs
Comp. Audit
Renewal
Legacy

Comments: AC100705JDH

Supervises User Defined License Data Legacy HIPDB

[update]

2011-155360

Complainant View for 2011-155360 [back]

<input type="text" value="3 - Identity - Whistl..."/>	ID	987497
[change address]	Contact Standing	Living
<input type="text" value="3 - Identity - Whistleblower regarding..."/>	DOB:	01/29/1960
	Phone #	<input type="text" value="3 - Identity - Whistleblo..."/>
	Cell #	
	Email	
	SSN/FEIN	
	Public File	YES
Email: <input type="text" value="3 - Identity - Whistleblower..."/>	Mailing List	
	Contact Type	ENFORCEMENT ENTRY

Comments:

Credentials

Credential	Sub	License Type	License Issue	Expiration Date	Status	Reason
No Credentials on File						

[Update Contact](#)[Change Contact](#)



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

May 11, 2011

David K. Naibert, MD

1 - DOH Licensee Health ...

Subject: David K. Naibert, MD
Re: Case # 2011-155360 MD 00026754

Dear Dr. Naibert:

The Medical Quality Assurance Commission has closed the investigation of your complaint because the complainant did not agree to permit the Commission to release his or her identity to you.

Washington State law provides you with the right to submit an additional written statement if you wish. Any statement you provide will be added to the investigative file. The investigative file is subject to public release pursuant to the Washington State Public Records Act.

The Washington State Public Records Act also provides you with the right to request copies of documents from the investigative file. If you would like a copy of the investigative report, or copies of documents gathered during the investigation, please submit a request to the Department of Health, Public Disclosure Unit, P.O. Box 47865, Olympia, Washington 98504-7865 or fax your request to 360-586-2171.

The Medical Quality Assurance Commission thanks you for your cooperation during this investigation. The Commission understands that being investigated is disconcerting and inconvenient. Many physicians use this experience to initiate a self-critique of their practice and, when indicated, modify or improve certain areas of practice. Thank you again for your cooperation in this matter.

Respectfully,

Dani Newman, Disciplinary Manager
Medical Quality Assurance Commission





STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

May 11, 2011

3 - Identity - Whistleblower regarding health care...


Subject: David K. Naibert, MD
Re: Case # 2011-155360 MD 00026754

Dear Mr. 3 - Ident...:

The Medical Quality Assurance Commission has closed the investigation of your complaint concerning David K. Naibert, MD. As explained in a previous letter, you have the right to keep your identity confidential. However, the Commission cannot investigate your complaint without releasing your identity to Dr. Naibert. Therefore, the Commission must close the investigation.

Thank you for bringing your concerns to the attention of the Medical Quality Assurance Commission.

Sincerely,


Dani Newman, Disciplinary Manager
Medical Quality Assurance Commission



NOTICE

WAC 246-15-030, procedures for filing, investigation, and resolution of whistleblower complaints.

(1)(b) Instructs that staff will affix a permanent cover to the letter of complaint or other form of notice in the complaint file, noting the statutory citation concerning protecting the identity of the complainant.

(3)(c) Ensure upon case closure, that the permanent cover affixed in subsection (1)(c) of this section will remain.

RCW 43.70 provides that the identity of a whistleblower who complains in good faith to the Department of health about the improper quality of care by a health care provider as defined in RCW 43.72.010 **shall remain confidential**.

Pursuant to the above RCW and WAC it is staff's duty to see that the complainant's name or any information which may identify the complainant is not disclosed.

NOTICE

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
MEDICAL INVESTIGATIONS

**AUTHORIZATION TO RELEASE COMPLAINANT'S NAME
PURSUANT TO RCW 43.70.075**

RCW 43.70.075 provides in part: "The identity of a whistleblower who complains, in good faith, to the Department of Health about the improper quality of care by a health care provider, or in a health care facility, shall remain confidential."

I understand that my identity is confidential pursuant to RCW 43.70.075 unless waived.

By signing this document, I waive my right to confidentiality and authorize the Department of Health to release my identity to **David K. Naibert, MD**, and to other persons who are reasonably necessary to the investigation, and for use in any subsequent administrative proceeding regarding my complaint. I understand that my identity will not be released for any other purpose.

APPROVAL OF CONFIDENTIALITY WAIVER

For the sole purpose of investigating my complaint and pursuing disciplinary/adverse action proceedings, I hereby waive confidentiality and consent to the release of my identity.

Signature: _____
Date: _____
Home Phone: _____
Day Phone: _____

Printed name: _____
Please include middle initial
Date of birth: _____
PLEASE RETURN NO LATER THAN May 2, 2011

DENIAL OF CONFIDENTIALITY WAIVER

I refuse to waive my right to confidentiality and deny consent to the release of my identity. I understand this denial may impair the Department of Health's ability to pursue investigation of this matter and any disciplinary/adverse actions.

Signature: _____
Date: 4/20/11 U
Home Phone: _____
Day Phone: _____

3 - Identity - Whistleblower regarding health care provider - RCW ...
3 - Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075

**CASE #: 2011-155360MD
RESPONDENT: David K. Naibert, MD**

RECEIVED

APR 27 2011

DEPARTMENT OF HEALTH
MEDICAL COMMISSION



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

April 15, 2011

3 - Identity - Whistleblower regardin...

COPY

RE: David K. Naibert, MD
Case No. 2011-155360MD

Dear Mr. [3 - Ide...]

Thank you for your recent letter in which you express concerns regarding medical care provided by David K. Naibert, MD. Your complaint has been assigned case number 2011-155360MD.

Your complaint will be investigated to determine if a violation of the Uniform Disciplinary Act, RCW 18.130.180, Unprofessional Conduct, has occurred. If you have any additional information pertaining to your complaint, please forward it along with a copy of this letter to me at the address listed below. Please understand that you may not hear from us during the investigation. If we need additional information from you, one of the Commission's investigators will contact you.

Enclosed for your information is the brochure, *What Happens Next?* along with a copy of RCW 18.130.180, the statute that identifies Unprofessional Conduct. Once the investigation is complete, a panel of the Medical Quality Assurance Commission will review the facts of the case and make a decision. You will be notified in writing of the decision.

Thank you for bringing your concerns to the attention of the Medical Quality Assurance Commission. If you have any questions or need additional information, please call me at 360-236-2770.

Sincerely,

James H. Smith, Chief Investigator
Medical Quality Assurance Commission
PO Box 47866
Olympia, WA 98506-7866

Enclosures: What Happens Next?
RCW 18.130.180





STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

April 15, 2011

3 - Identity - Whistl...

COPY

RE: David K. Naibert, MD
Case No. 2011-155360MD

Dear Mr. 3 - Id...

Washington state law, RCW 43.70.075, pertains to the "Whistleblower Law" which requires that the identity of a complainant/whistleblower who complains in good faith to the Department of Health about improper quality of care by a health care provider shall be kept confidential. In some instances, particularly in your case, where you are the consumer of care complaining against a provider, an investigation cannot proceed without disclosure of your identity to the particular provider. This is so the provider can respond appropriately to the allegations of your complaint and provide records specific to your complaint.

This investigation and/or action is contingent upon the disclosure of your identity to the provider. Should you desire this investigation to proceed, your voluntary authorization in the form of an Authorization to Release Complainant's Name will be necessary. I have enclosed this form for your signature, along with a postage paid envelope for its return. Once your waiver is received, your identity will be released solely for the purposes of investigation and adjudication as necessary. Your identity will be protected in all other instances and will not be released in response to public disclosure requests. **Your signed waiver is due back to this office no later than May 2, 2011.**

If you have any questions, please contact me at (360) 236-2770.

Thank you for your cooperation.

Sincerely,

James H. Smith, Chief Investigator
Medical Quality Assurance Commission
Medical Investigations
PO Box 47866
Olympia, WA 98504-7866

Attachments: Return Envelope
Waiver of Confidentiality of Identity

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
MEDICAL INVESTIGATIONS

COPY

AUTHORIZATION TO RELEASE COMPLAINANT'S NAME
PURSUANT TO RCW 43.70.075

RCW 43.70.075 provides in part: "The identity of a whistleblower who complains, in good faith, to the Department of Health about the improper quality of care by a health care provider, or in a health care facility, shall remain confidential."

I understand that my identity is confidential pursuant to RCW 43.70.075 unless waived.

By signing this document, I waive my right to confidentiality and authorize the Department of Health to release my identity to **David K. Naibert, MD**, and to other persons who are reasonably necessary to the investigation, and for use in any subsequent administrative proceeding regarding my complaint. I understand that my identity will not be released for any other purpose.

APPROVAL OF CONFIDENTIALITY WAIVER

For the sole purpose of investigating my complaint and pursuing disciplinary/adverse action proceedings, I hereby waive confidentiality and consent to the release of my identity.

Signature: _____
Date: _____
Home Phone: _____
Day Phone: _____

Printed name: _____
Please include middle initial
Date of birth: _____
PLEASE RETURN NO LATER THAN May 2, 2011

DENIAL OF CONFIDENTIALITY WAIVER

I refuse to waive my right to confidentiality and deny consent to the release of my identity. I understand this denial may impair the Department of Health's ability to pursue investigation of this matter and any disciplinary/adverse actions.

Signature: _____
Date: _____
Home Phone: _____
Day Phone: _____

CASE #: 2011-155360MD
RESPONDENT: David K. Naibert, MD



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

April 15, 2011

David K. Naibert, MD

1 - DOH Licensee Health ...

SUBJECT: Case No: 2011-155360MD

COPY

Dear Dr. Naibert:

The purpose of this letter is to inform you that the Medical Quality Assurance Commission received a report concerning an allegation of unprofessional conduct as defined in RCW 18.130.180(4), the Uniform Disciplinary Act. RCW 18.130.050, of the Uniform Disciplinary Act, authorizes the Medical Quality Assurance Commission to investigate complaints of unprofessional conduct.

A preliminary investigation to gather the facts will be conducted by a Health Care Investigator from the Medical Quality Assurance Commission, Medical Investigations Unit. The investigator will contact you as soon as possible during the investigation if a statement or other information from you is required.

Please note that the Medical Quality Assurance Commission is bound by statute to comply with two different laws, which may seem to conflict. The first requires that we immediately notify a practitioner that a complaint has been filed. ***The second, the whistleblower law RCW 43.70.075, prohibits us from releasing the name of the complainant or any specific details about the report which could identify the complainant until we have received a signed waiver authorizing us to do so. We are sensitive to the fact that it can be very disconcerting to know a complaint has been filed against you, but not know any details about it. Therefore, once the waiver has been obtained, an investigator will contact you as soon as possible and all issues will be discussed as fully as allowed by law so that you will have an opportunity to respond.*** In a very small percentage of cases, a statement from you will not be required and no investigator will contact you.

You may submit a written statement about the complaint at any time, however, you may choose to wait until after you have been contacted by an investigator and advised of the nature of the complaint. You may consult with legal counsel at your expense prior to making a statement. Any statement that you make may be used in an adjudicative proceeding concerning this case. If the Commission receives any inquiries about the status of your license while this case is still open, only the existence of a complaint will be disclosed. Once the investigation and case review process has been completed, the case will either be closed or acted upon. The contents of the closed case file, including any statements submitted by you, will be subject to release according to Washington's public disclosure laws. Most public disclosure requests come from insurance companies and employers.

We have enclosed our informational brochure What Happens Next? along with a copy of RCW 18.130.180 Unprofessional Conduct. Please be aware that this process can take three to six months and in some cases longer. If you have questions, please contact me at 360-236-2770.

Respectfully,

James H. Smith, Chief Investigator
Medical Quality Assurance Commission

Enclosure: What Happens Next, RCW 18.130.180



Hamilton, Cindy (DOH)

From: DOH HSQA Complaint Intake
Sent: Wednesday, April 06, 2011 11:45 AM
To: Hamilton, Cindy (DOH)
Subject: FW: Patient Complaint
Attachments: DOH Complaint Page 2 of 2.bmp; DOH Complaint Page 1 of 2.bmp

MD Complaint

Brandy Boczar Complaint Intake Specialist
Department of Health
Health Professions Quality Assurance
Customer Service Complaint Intake Unit
Phone: (360) 236-4716

www.doh.wa.gov/hsqa

"Working to Protect and Improve the Health of People in Washington State"

From: 3 - Identity - Whistleblower regarding health care provider - RCW ...
Sent: Wednesday, April 06, 2011 1:03 AM
To: DOH HSQA Complaint Intake
Subject: Patient Complaint

Thank you for receiving this complaint.

I have had problems with my computer lately. I hope this attachment is acceptable.

Respectfully,

3 - Identity - Whistleblower r...

Complaint Form

Today's Date: 04/05/2010

1. Your Information

Name: 3 - Identity - Whistl...

Address: 3 - Identity - Whistleblo...

City: 3 - Identity ...

State: 3 -...

Zip: 3 - Identit...

Phone: Work (3 - Identity - Whistle...) Home (3 - Identity - Whistl...)

2. Information about the Facility or Health Care Professional

Type of facility or profession: Chronic Pain Management

Name of facility or professional: David Naibert

Address: 21701-76th Ave W.

City: Edmonds

State: WA

Zip: 98026

3. Resident/Guest/Patient Information

Full Name (if different than above) Same as Above

Date of Birth (of patient, if complaint involves a patient) 01/29/1960

Date of incident: 04/04/2011

4. Please describe your complaint in the space below. Include the name, title and phone number of other patients, witnesses or staff members involved in the incident. Email completed form to the Customer Service Center at HSQAComplaintIntake@doh.wa.gov, or fax to 360.236.2626, or mail to:

Washington State Department of Health
Health Systems Quality Assurance
Complaint Intake
P.O. Box 47857
Olympia WA 98504-7857

Please attach any supporting documentation and additional sheets if necessary.

On 04/04/2011 at approx. 7:00 PM, I went to the Everett Clinic Urgent Care for prolonged pain following a recent auto accident that I was involved in on 03/03/2011. I was quickly informed that they would not prescribe any pain medication due to recent notes in my chart from my Primary Care Provider, Marie Frederick, ARNP. The notes indicated that I had recently had positive Urinalysis screenings for Marijuana, and that she would be unwilling to fill a request for pain medication that was requested previously on 04/01/2011. As a Law Enforcement professional, I was shocked to hear this, and was not given any more information. The pain I was enduring as I await possible shoulder surgery, now paled in comparison to this insult to my integrity, and possible risk to my career.

The next morning, 04/05/2011, I telephoned my PCP and was transferred to Marie Frederick's nurse. She informed me that Ms. Frederick was off that day, but that she was herself familiar with the situation. She told me that the notes resulted from a recent phone call that Dr. David Naibert (who has treated me for chronic pain issues since 01/27/2010) had placed to my Doctor, in which he called to report that I have had a total of three positive Urinalysis screenings for Marijuana.

That afternoon, I drove to Dr. Naibert's office and purchased complete copies of my records. After careful review, I found a total of three Urinalysis reports. All three showed negative results for Marijuana. I immediately called back to my PCP Dr.'s office and spoke again to the Nurse, who suggested that copies of the Urinalysis reports be faxed back to her, from Dr. Naibert's office. Thankfully, Dr. Naibert's assistant was willing to do this as I waited.

It is unfortunate when mistakes like this are made. Character assessments and reputations can be placed under suspicion. Careers, such as mine in the field of Corrections, can be jeopardized. I consider myself fortunate that I caught this mistake the way I did. I am submitting this complaint not only for the great amount of stress this has placed upon my family and I, but also in hopes of reducing potential costly mistakes like this from happening to others.

Please feel free to contact me with any questions.

Respectfully,

3 - Identity - Whistl...

For Department of Health use only

Reviewed for multiple authority applications:	Date _____	Name _____	
Routed to: Multi-authority coordinator:	_____	date _____	
Office _____		date _____	
Office _____		date _____	
Office _____		date _____	

Redaction Summary (42 redactions)

3 Privilege / Exemption reasons used:

- 1 -- "DOH Licensee Health Professional home address and/or phone - RCW 42.56.350(2)" (4 instances)
- 2 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" (1 instance)
- 3 -- "Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075" (37 instances)

Redacted pages:

- Page 3, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 1 instance
- Page 5, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 1 instance
- Page 9, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 1 instance
- Page 12, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 1 instance
- Page 14, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 2 instances
- Page 15, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 7 instances
- Page 16, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 1 instance
- Page 17, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 1 instance
- Page 20, DOH Licensee Health Professional home address and/or phone - RCW 42.56.350(2), 1 instance
- Page 22, DOH Licensee Health Professional home address and/or phone - RCW 42.56.350(2), 1 instance
- Page 22, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
- Page 23, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 4 instances
- Page 24, DOH Licensee Health Professional home address and/or phone - RCW 42.56.350(2), 1 instance
- Page 25, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 2 instances
- Page 27, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 2 instances
- Page 28, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 2 instances
- Page 29, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 2 instances
- Page 31, DOH Licensee Health Professional home address and/or phone - RCW 42.56.350(2), 1 instance
- Page 32, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 2 instances
- Page 33, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 7 instances
- Page 34, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 1 instance